

COPY OF PAPERS  
ORIGINALLY FILED

Attorney Docket No.: 02331-0302 (42286/267666)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Hong Zhang, *et al.*

Serial No.: 10/056,438

Examiner: Unknown

Filed: January 23, 2002

Group Art Unit: 1754

For: COMPUTER-AIDED IMAGE ANALYSIS

Box MISSING PARTS  
Assistant Commissioner for Patents  
Washington, DC 20231

---

---

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF  
NONPROVISIONAL APPLICATION**

Sir:

In response to the Notice to File Missing Parts of Nonprovisional Application Filing

Date Granted mailed on March 4, 2002, enclosed are the following documents:

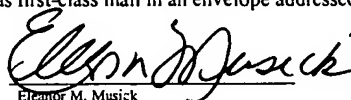
1. Declaration for Patent Application executed by inventors, Hong Zhang, Garry Carls and Shelija Guberman (Tab A);
2. Copy of the Notice to File Missing Parts of Nonprovisional Application (Tab B); and
3. Check in the amount of \$65.00. Applicant claims small entity status (37 CFR 1.22) and is therefore entitled the 50% reduction of the fees.

---

---

CERTIFICATE OF MAILING (37 CFR 1.8a)

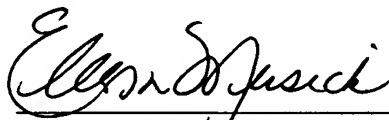
I hereby certify that this correspondence, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on this 22<sup>nd</sup> day of April 2002 with sufficient postage as first-class mail in an envelope addressed to Box MISSING PARTS, Commissioner for Patents, Washington, D.C. 20231.

  
Eleanor M. Musick

Serial No.: 10/056,438  
Filed: January 23, 2002  
For: COMPUTER-AIDED IMAGE ANALYSIS

The Commissioner is hereby authorized to charge any deficiencies or credit any overpayment to Deposit Order Account No. 11-0855.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Eleanor M. Musick", written over a horizontal line.

Eleanor M. Musick  
Reg. No. 35,623

Date: April 22, 2002

KILPATRICK STOCKTON LLP  
1100 Peachtree Street, Suite 2800  
Atlanta, GA 30309  
404/815-6500

COPY OF PAPERS  
ORIGINALLY FILED

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL FORM**  
(to be used for correspondence after initial filing)

MAIL DATE CANCELLED

|  |                           |
|--|---------------------------|
| Application Number                       | 10/056,438                |
| Filing Date                              | 01/23/2002                |
| First Named Inventor                     | Hong Zhang et al.         |
| Group Art Unit                           | Unknown                   |
| Examiner Name                            | Unassigned                |
| Attorney Docket Number                   | 02331-0302 (42286/267666) |
| Total Number of Pages in This Submission | 9                         |

| ENCLOSURES (check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>Declaration; and Return Postcard</b> |
| <div style="border: 1px solid black; padding: 5px;">Remarks</div>   |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Eleanor M. Musick, Reg. No. 35,623<br>Kilpatrick Stockton LLP |
| Signature                                  | <i>Eleanor M. Musick</i><br>23370<br>PATENT TRADEMARK OFFICE  |
| Date                                       | April 22, 2002  |

| CERTIFICATE OF MAILING  |                          |      |                |
|---|--------------------------|------|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: April 22, 2002 |                          |      |                |
| Typed or printed name   | Eleanor M. Musick        |      |                |
| Signature   | <i>Eleanor M. Musick</i> | Date | April 22, 2002 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**COPY OF PAPERS  
ORIGINALLY FILED**

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                           |   |  |                    |            |             |                  |                      |                   |               |         |                  |         |                     |                           |
|---|---------------------------|---|--|--------------------|------------|-------------|------------------|----------------------|-------------------|---------------|---------|------------------|---------|---------------------|---------------------------|
| <h1 style="margin:0;">FEE TRANSMITTAL</h1> <h2 style="margin:0;">for FY 2002</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> |                           | <p><b>Complete if Known</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/056,438</td> </tr> <tr> <td>Filing Date</td> <td>January 23, 2002</td> </tr> <tr> <td>First Named Inventor</td> <td>Hong Zhang et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Unknown</td> </tr> <tr> <td>Group / Art Unit</td> <td>Unknown</td> </tr> <tr> <td>Attorney Docket No.</td> <td>02331-0302 (42286/267666)</td> </tr> </table> |  | Application Number | 10/056,438 | Filing Date | January 23, 2002 | First Named Inventor | Hong Zhang et al. | Examiner Name | Unknown | Group / Art Unit | Unknown | Attorney Docket No. | 02331-0302 (42286/267666) |
| Application Number  | 10/056,438                |   |  |                    |            |             |                  |                      |                   |               |         |                  |         |                     |                           |
| Filing Date   | January 23, 2002          |   |  |                    |            |             |                  |                      |                   |               |         |                  |         |                     |                           |
| First Named Inventor  | Hong Zhang et al.         |   |  |                    |            |             |                  |                      |                   |               |         |                  |         |                     |                           |
| Examiner Name   | Unknown                   |   |  |                    |            |             |                  |                      |                   |               |         |                  |         |                     |                           |
| Group / Art Unit  | Unknown                   |   |  |                    |            |             |                  |                      |                   |               |         |                  |         |                     |                           |
| Attorney Docket No.   | 02331-0302 (42286/267666) |   |  |                    |            |             |                  |                      |                   |               |         |                  |         |                     |                           |
| TOTAL AMOUNT OF PAYMENT (\$)  |                           | 65  |  |                    |            |             |                  |                      |                   |               |         |                  |         |                     |                           |

| METHOD OF PAYMENT (check all that apply)  |                       |                       |                       |  | FEE CALCULATION (continued)  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
|---|-----------------------|-----------------------|-----------------------|--|--|-----------------------|----------------|-----------------------|-----------------|----------|-----------------------|-----------------------|--------------------------|----------|--------------------|-----|--------------------|-----|-------------------------------------|-----|-------------------|-----------------------|----------------|-----------------------|---|----------|------------------|-----|-----|-----|---------------------------|-----|--------------------|-------|-----|-------|--|----|------------------------|------|---------------------|------|--|--|-----|--|-----|--------|---|--|-----|-----|-----|----|--|--|---------------------|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|--------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|-----------------------------------|--|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account:   |                       |                       |                       |  | <b>3. ADDITIONAL FEES</b>  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| Deposit Account Number: 11-0855<br><br>Deposit Account Name: Kilpatrick Stockton LLP  |                       |                       |                       |  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td></tr> <tr> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td> <b>SUBTOTAL (3)</b><br/> <div style="border: 1px solid black; padding: 2px;">(\$ 65)</div> </td> </tr> </tbody> </table> |                       |                |                       |                 | Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description          | Fee Paid | 105                | 130 | 205                | 65  | Surcharge - late filing fee or oath | 65  | 127               | 50                    | 227            | 25                    | Surcharge - late provisional filing fee or cover sheet. |          | 139              | 130 | 139 | 130 | Non-English specification |     | 147                | 2,520 | 147 | 2,520 | For filing a request for reexamination |    | 112                    | 920* | 112                 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840*   | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month                     |  | 116                 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  | <b>SUBTOTAL (3)</b><br><div style="border: 1px solid black; padding: 2px;">(\$ 65)</div> |
| Fee Code  | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description       | Fee Paid   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 105   | 130                   | 205                   | 65                    | Surcharge - late filing fee or oath  | 65   |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 127   | 50                    | 227                   | 25                    | Surcharge - late provisional filing fee or cover sheet.                                  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 139   | 130                   | 139                   | 130                   | Non-English specification  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 147   | 2,520                 | 147                   | 2,520                 | For filing a request for reexamination   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 112   | 920*                  | 112                   | 920*                  | Requesting publication of SIR prior to Examiner action                                   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 113   | 1,840*                | 113                   | 1,840*                | Requesting publication of SIR after Examiner action                                      |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 115   | 110                   | 215                   | 55                    | Extension for reply within first month   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 116   | 400                   | 216                   | 200                   | Extension for reply within second month  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 117   | 920                   | 217                   | 460                   | Extension for reply within third month   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 118   | 1,440                 | 218                   | 720                   | Extension for reply within fourth month  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 128   | 1,960                 | 228                   | 980                   | Extension for reply within fifth month   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 119   | 320                   | 219                   | 160                   | Notice of Appeal   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 120   | 320                   | 220                   | 160                   | Filing a brief in support of an appeal   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 121   | 280                   | 221                   | 140                   | Request for oral hearing   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 138   | 1,510                 | 138                   | 1,510                 | Petition to institute a public use proceeding  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 140   | 110                   | 240                   | 55                    | Petition to revive - unavoidable   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 141   | 1,280                 | 241                   | 640                   | Petition to revive - unintentional   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 142   | 1,280                 | 242                   | 640                   | Utility issue fee (or reissue)   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 143   | 460                   | 243                   | 230                   | Design issue fee   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 144   | 620                   | 244                   | 310                   | Plant issue fee  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 122   | 130                   | 122                   | 130                   | Petitions to the Commissioner  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 123   | 50                    | 123                   | 50                    | Processing fee under 37 CFR 1.17 (q)   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 126   | 180                   | 126                   | 180                   | Submission of Information Disclosure Stmt  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 581   | 40                    | 581                   | 40                    | Recording each patent assignment per property (times number of properties)               |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 146   | 740                   | 246                   | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))                            |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 149   | 740                   | 249                   | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))                         |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 179   | 740                   | 279                   | 370                   | Request for Continued Examination (RCE)  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 169   | 900                   | 169                   | 900                   | Request for expedited examination of a design application                                |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| Other fee (specify) _____   |                       |                       |                       |  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| *Reduced by Basic Filing Fee Paid   |                       |                       |                       | <b>SUBTOTAL (3)</b><br><div style="border: 1px solid black; padding: 2px;">(\$ 65)</div> |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><div style="border: 1px solid black; padding: 2px;">(\$ 0)</div></td></tr> </tbody> </table>   |                       |                       |                       |  | Large Fee Code   | Large Entity Fee (\$) | Small Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 101                   | 740                   | 201                      | 370      | Utility filing fee |     | 106                | 330 | 206                                 | 165 | Design filing fee |                       | 107            | 510                   | 207   | 255      | Plant filing fee |     | 108 | 740 | 208                       | 370 | Reissue filing fee |       | 114 | 160   | 214                                    | 80 | Provisional filing fee |      | <b>SUBTOTAL (1)</b> |      |  |  |     | <div style="border: 1px solid black; padding: 2px;">(\$ 0)</div> |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| Large Fee Code  | Large Entity Fee (\$) | Small Fee Code        | Small Entity Fee (\$) | Fee Description  | Fee Paid   |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 101   | 740                   | 201                   | 370                   | Utility filing fee   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 106   | 330                   | 206                   | 165                   | Design filing fee  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 107   | 510                   | 207                   | 255                   | Plant filing fee   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 108   | 740                   | 208                   | 370                   | Reissue filing fee   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 114   | 160                   | 214                   | 80                    | Provisional filing fee   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| <b>SUBTOTAL (1)</b>   |                       |                       |                       |  | <div style="border: 1px solid black; padding: 2px;">(\$ 0)</div>   |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-20 **</td> <td>0</td> <td>X</td> <td>0</td> </tr> <tr> <td>Independent Claims -3 **</td> <td>0</td> <td>X</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>X</td> <td>0</td> </tr> </tbody> </table><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><div style="border: 1px solid black; padding: 2px;">(\$ 0)</div></td></tr> </tbody> </table> |                       |                       |                       |  | Total Claims   | Extra Claims          | Fee from below | Fee Paid              | -20 **          | 0        | X                     | 0                     | Independent Claims -3 ** | 0        | X                  | 0   | Multiple Dependent |     | X                                   | 0   | Large Fee Code    | Large Entity Fee (\$) | Small Fee Code | Small Entity Fee (\$) | Fee Description   | Fee Paid | 103              | 18  | 203 | 9   | Claims in excess of 20    |     | 102                | 84    | 202 | 42    | Independent claims in excess of 3      |    | 104                    | 280  | 204                 | 140  | Multiple dependent claim, if not paid                  |  | 109 | 84   | 209 | 42     | ** Reissue independent claims over original patent  |  | 110 | 18  | 210 | 9  | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |     |     |     |   | <div style="border: 1px solid black; padding: 2px;">(\$ 0)</div> |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| Total Claims  | Extra Claims          | Fee from below        | Fee Paid              |  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| -20 **  | 0                     | X                     | 0                     |  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| Independent Claims -3 **  | 0                     | X                     | 0                     |  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| Multiple Dependent  |                       | X                     | 0                     |  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| Large Fee Code  | Large Entity Fee (\$) | Small Fee Code        | Small Entity Fee (\$) | Fee Description  | Fee Paid   |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 103   | 18                    | 203                   | 9                     | Claims in excess of 20   |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 102   | 84                    | 202                   | 42                    | Independent claims in excess of 3  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 104   | 280                   | 204                   | 140                   | Multiple dependent claim, if not paid  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 109   | 84                    | 209                   | 42                    | ** Reissue independent claims over original patent                                       |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| 110   | 18                    | 210                   | 9                     | ** Reissue claims in excess of 20 and over original patent                               |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| <b>SUBTOTAL (2)</b>   |                       |                       |                       |  | <div style="border: 1px solid black; padding: 2px;">(\$ 0)</div>   |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |                       |                       |                       |  |  |                       |                |                       |                 |          |                       |                       |                          |          |                    |     |                    |     |                                     |     |                   |                       |                |                       |   |          |                  |     |     |     |                           |     |                    |       |     |       |  |    |                        |      |                     |      |  |  |     |  |     |        |   |  |     |     |     |    |  |  |                     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |                                   |  |  |  |  |

|                   |                   |                                  |                |           |              |
|-------------------|-------------------|----------------------------------|----------------|-----------|--------------|
| SUBMITTED BY      |                   | Complete (if applicable)         |                |           |              |
| Name (Print/Type) | Eleanor M. Musick | Registration No. Attorney/Agent) | 35,623         | Telephone | 404.541.6681 |
| Signature         |                   | Date                             | April 22, 2002 |           |              |

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER    |
|--------------------|---------------------|-----------------------|---------------------------|
| 10/056,438         | 01/23/2002          | Hong Zhang            | 02331-0302 (42286-267666) |

CONFIRMATION NO. 8286

23370  
JOHN S. PRATT, ESQ  
KILPATRICK STOCKTON, LLP  
1100 PEACHTREE STREET  
SUITE 2800  
ATLANTA, GA 30309

## FORMALITIES LETTER



\*OC000000007573277\*

Date Mailed: 03/04/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 65.

---

*A copy of this notice **MUST** be returned with the reply.*

TS

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

05/03/2002 SDENBOR1 00000017 10056438

01 FC:205

65.00 OP